

# Windmill Surgery

## Quality Report

Windmill Surgery, Longford Primary Care Centre,  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good



Are services effective?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Windmill Surgery on 7 November 2016. Overall the practice was rated as good overall, with the effective domain rated as requires improvement. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Windmill Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a follow up focused inspection carried out on 5 September 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 7 November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Effective is now rated as Good and overall the practice rating remains good.

Our key findings were as follows:

- The practice had implemented an effective system to manage patients with long-term conditions ensuring that regular reviews were undertaken. We saw evidence that progress was regularly reviewed at clinical staff meetings.

- The practice obtained written consent from patients when administering joint injections and recorded this with the patient's notes.
- A programme of internal audits to monitor safety and drive improvement within the practice had been introduced. They included implementation of clinical guidelines.
- Patients on repeat medications received regular reviews.
- The physical and mental health of all newly appointed staff had been considered to ensure they were suitable to carry out the requirements of the role. This included a medical checklist and appropriate changes to the Reasonable Adjustments Policy.
- The practice had improved the management of alerts such as those from the Medicines and Healthcare products Regulatory Agency (MHRA) by ensuring it was noted when action did not need to be taken.
- Infection prevention control audits were carried out in accordance with nationally recognised guidelines and completed every six months.
- The practice had reviewed the systems for information sharing to consider how it could be

# Summary of findings

more accessible. The practice had changed the way it stored internal documents to ensure information was easily available for staff and had briefed staff accordingly.

**Professor Steve Field CBE FRCP FFPH FRCGP**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services effective?**

During our comprehensive inspection on 7 November 2016, we identified a breach of legal requirement. The practice had not ensured that audit and governance systems were fully effective. During our follow up focused inspection on 5 September 2017 we found that the practice had taken action to address the areas identified in the November 2016 inspection. The practice is now rated as good for providing effective services.

- The practice had completed a range of clinical audits and had a planned programme in place. Clinical audits were used to monitor quality and make improvements.
- The practice had an effective patient call and recall system to ensure patients with long-term conditions were regularly reviewed.
- Arrangements were in place to gain patients' informed consent to their care and treatment and written consent was recorded on the records of patients who received joint injections.

**Good**



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### People with long term conditions

The provider had resolved the concerns identified at our inspection on 7 November 2016 regarding the lack of an effective procedure to manage and regularly review patients with long-term conditions. This applied to everyone within this population group. An appropriate procedure had now been introduced and the population group rating has been updated to reflect this.

Good



# Windmill Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector.  
The team included a GP specialist advisor.

## Background to Windmill Surgery

Windmill Surgery is registered with the Care Quality Commission (CQC) as a partnership of three with a senior GP partner and two other GP partners. The practice was established in 1992 and is located in the outskirts of Coventry city centre having moved in 2006 from the original premises in Windmill Road to purpose built premises. The practice has good transport links for patients travelling by public transport and has parking facilities for staff and patients. The practice has a General Medical Services contract with NHS England to provide medical services.

The practice is situated within the Longford Primary Care Centre, a joint healthcare facility that houses two GP practices and community services. Since our inspection on 7 November 2016, a third practice located within the building has closed and Windmill Surgery gained an additional 1400 patients, meaning 6700 patients are now registered at the practice.

The practice team consists of three partners, two male, one female. The partners are supported by one regular locum GP (female). The nursing team consists of two specialist practice nurses. Clinical staff are supported by a full time practice manager, a business manager and five administration/reception staff. In addition to the GP partners, there are a total of nine staff employed either full or part time hours to meet the needs of patients.

The practice is open every week day between 8.45am and 6.30pm. Appointments are available from 9am to 12.30pm and from 2pm to 6.30pm each week day except for on a Thursday when the last appointment is 3pm with an on call service provided by the practice until 6.30pm. The practice offers extended hours each week day from 6.30pm to 9.30pm and on Saturday and Sunday mornings from 9am to 12 noon. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service via the NHS 111 service.

It provides Directed Enhanced Services, such as the childhood immunisations, asthma and diabetic reviews. Separately the practice provided a number of services that included joint injections and learning disability health checks.

## Why we carried out this inspection

We undertook a comprehensive inspection of Windmill Surgery on 7 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in November 2016 can be found by selecting the 'all reports' link for Windmill Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Windmill Surgery on 5 September 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

# Detailed findings

## How we carried out this inspection

During our inspection we:

- Spoke with the lead GP partner and practice manager.

- Reviewed information provided by the practice prior to the inspection.
- Spoke with GPs, reception and administration staff.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 7 November 2016 we rated the practice as requires improvement for providing safe services. The practice had not ensured that audit and governance systems were fully effective.

During our follow up focused inspection on 5 September 2017 we found that the practice had taken action to address the areas identified in the November 2016 inspection. The practice is now rated as good for providing effective services.

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The GPs we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and systems were in place to keep all clinical staff up to date. Effective processes were in place to check that guidelines had been followed. These were regularly reviewed during meetings of clinical staff.

### Management, monitoring and improving outcomes for people

The practice collected information for the Quality and Outcomes Framework (QOF) to measure its performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/16 showed that it had achieved 84% of the total number of points available. The practice QOF results were lower than the local Clinical Commissioning Group (CCG) average of 94% and the national average of 95%.

During our follow up focused inspection on 5 September 2017 we were shown unverified QOF data for 2016/17 which showed the practice had made positive progress to improve outcomes for patients. For example:

- Unverified data for patients with Chronic Obstructive Pulmonary Disease (COPD), showed that

- Performance for the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was within target was 95% for 2016/17. This had increased from 67% for 2015/16, compared to the CCG average of 77% and national average of 78%.

The practice had an effective call and recall system to invite patients with long term conditions for regular reviews. The practice had reviewed and introduced appropriate care plans where required for the ongoing management of these patients. Monthly multi-disciplinary team meetings were held to monitor performance and an action plan was developed to identify the areas of patients' care that needed to be reviewed. Evidence was available to show that the practice had systems in place to follow up patients that had not attended reviews of their condition either at the practice or at the hospital.

A range of clinical audits had been completed since our previous inspection on 7 November 2016. For example:

- Management and medicines management of patients on the learning disabilities register.
- Patients who received lithium therapy for bipolar disorder.
- Uptake of flu vaccinations.
- Review of patients who received cervical screening.
- Medicines management for patients with COPD.

Audits included the review of appropriate clinical guidelines. A planned schedule of audits had been implemented. This included re-audits to ensure the practice continued to improve outcomes for patients.

### Consent to care and treatment

Staff recorded consent to care and treatment in line with legislation and guidance. Since our previous inspection in November 2016, the practice obtained written consent from patients when administering joint injections and recorded this with the patient's notes.